UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b) Po: Commissioner for Patents PO. Box 1450 Alexandria, VA. 22313-1450	ATTORNEY DOCKET 83996RLO Customer No. 01333		
Po: Commissioner for Patents	Express Mail Lal	bel No.	
<u>P.</u> O. Box 1450	1		
Alexandria, VA. 22313-1450	EL656970395US		
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PROVIDING FLUOROCARBON LAYERS ON	Date: 2 - 6 -	04	₽4 🚍
CONDUCTIVE ELECTRODES IN MAKING		,	.s. 2
ELECTRONIC DEVICES SUCH AS OLED			36
DEVICES			326
			<u> </u>
First Named Inventor (or Application Identifier):			0 ==
Kurt D. Sieber, et al.			
Enclosed are:			
1. X Specification	6. X Assignment of the invention to		
2 Charte of Jameira		an Kodak Company	
2. Sheets of drawings	7. Certified copy of a priority		
3. X Information Disclosure Statement Under 37 CFR 1.97.	8. Associate Power of Attorney		
4. Combined Declaration for Patent Application and Power of	of Attorney:		
4a. X New			
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divi	sional with Box 11 com	pleted)
	. 🗀		
5. <u>Incorporation by Reference (useable if Box 4b is</u>		ion of Inventor(s).	
checked) The entire disclosure of the prior application, from		attached deleting invent	
which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying		ation, see 37 CFR 1.63(a)(2) and
application and is hereby incorporated by reference therein.	5 1.55(<i>b</i>).		
10. If a 111A application prior to examination of the above	ve-identified application	, amend the specification	n at Page 1,
after the title, by inserting the following:		-	
CROSS REFERENCE TO RELATED APPLICATI	- - - ·		
Reference is made to and priority claimed from filed, entitled.	om U.S. Provisional App	plication Serial No.,	
If a CONTINUING APPLICATION, check appropriate box a	nd supply the requisite i	nformation:	
		ior application No:	
	• ` ` ′	-	
12. X Please address all written communications to Pamela	· · · · · · · · · · · · · · · · · · ·	ıı Statt,	
Eastman Kodak Company, 343 State Street, Rocheste Please Direct all telephone calls to Raymond L. Ower			
	15 at 303-77 (-7033.		
The filing fee has been calculated as shown below: FOR: NO. FILED NO. EXTR	A RATE	FEE	
BASIC FEE NO. FILED NO. EXTR	A RAIE	\$ 770	
TOTAL CLAIMS 12 - 20 = -8	x 18 =	\$ 0	
INDEPENDENT CLAIMS $4 - 3 = 1$	x 86 =	\$ 86	
MILL TIDLE DEDENDENT OF ADVIDER CHARLED	+ 290	\$0	
MULTIPLE DEPENDENT CLAIM PRESENTED	1 270		

X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 856 A duplicate copy of this sheet is enclosed

X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u>.

A duplicate copy of this sheet is enclosed.

Raymond L. Owens/JMD Telephone 585-477-4653 Facsimile 585-477-4646

Attorney for Applicants Registration No. 22,363